KHC Form TC-1 Rev. 2005

Commonwealth of Kentucky Kentucky Heritage Council

Kentucky Historic Preservation Tax Credit Certification Application Part 1 - Evaluation of National Register Status

KHC Project #

Date Received

Date

Page 1 of 2

Read all instructions carefully before completing this application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets.

City:	County:	State:	Zip:			
•	r Listing: (check only one) (see instituted individually on the National Registre		•			
Property is v	Property is within the boundaries of a district listed on the National Register of Historic Places					
Name o	f historic district:					
**Attach a map of the district noting location of this property.						
Project Contact: Name:						
Street:						
City:		State:	Zip:			
Telephone Numbe	er:	E-Mail Address:				
Signature:		Date:				
Social Security or	Taxpayer Identification Number:					
Social Security of						
			Zip:			
Street:		olaic				
Street:			•			
Street:			•			
Street:			•			
Street: City: Telephone Numbe	er:	E-Mail Address:				
Street: City: Telephone Number Office Use Only entucky Heritage Cou	er: uncil has reviewed this Application for th	E-Mail Address:	nd has determined:			
Street: City: Telephone Number Office Use Only entucky Heritage Cou	er:	E-Mail Address:	nd has determined:			
Street: City: Telephone Number Office Use Only entucky Heritage Cou This property is listed in rehabilitation. This property contribute	er: uncil has reviewed this Application for th	E-Mail Address: e above named property a Places and is a "Certified Histor	nd has determined: ic Structure" for the purpos			

Kentucky Heritage Council/State Historic Preservation Office Authorized Signature

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Commonwealth of Kentucky Kentucky Heritage Council Kentucky Historic Preservation Tax Credit

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Certification Application
Part 1 - Evaluation of National Register Status

Prop	perty Name:
Prop	perty Address:
5.	Description of Physical Appearance:
Date	e of Construction: Source of Date:
	e(s) of Alteration(s):
	building been moved?
6.	Statement of Significance:
7.	Photographs and Maps:
	Attach photographs and maps to applications. Photographs must show conditions prior to rehabilitation.
Δre	continuation sheets attached? Ves No